COMPLETE EITHER OPTION 1 OR OPTION 2 AS APPROPRIATE

Name/Vendor ID: «VEND	
Address	
City, State Zip Telephone Number	
retephone Number	
	TIFICATION - OPTION I – INDIVIDUAL bing – or intending to do – business with the State of Rhode Island)
(Full name)	(City/town) (State)
hereby certify that I registered t	o utilize the E-Verify program on, ces of the E-Verify program to ensure compliance with federal and
state law. I understand and ag Verify program for as long as I understand that my failure to co-	ee that I am required to continue to utilize the services of the E-continue to do business with the State of Rhode Island. I further tinue to utilize the services of the E-Verify program will adversely do business with the State of Rhode Island and my ability to do
	Date:
(Signature)	
(Print name)	
•	NOTARY PUBLIC
STATE OF	
COUNTY OF	
In	in said County on the day of
, 2008, be	Fore me personally appeared
executing the above Vendor Cerexecuted to be his/her free act an	, to me known and known by me to be the party ification, and he/she acknowledged said document, by him/her d deed.
(Signature)	
(Printed name)	My commission expires on:

Complete and Return To: State of Rhode Island, Division of Purchases, P.O. Box 41544, Providence, Rhode Island 02940

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COMPLETE EITHER OPTION 1 OR OPTION 2 AS APPROPRIATE

	· ID: «VENDOR_NA	ME»	
Address	p		
Telephone Nu	umber		
retephone i (u			
(To be used by a		CATION – OPTION 2 - ENTITY oration, limited liability partnership, etc.) doing – or Rhode Island)	
I,	, the	of	
(full name)	(title)	of(name of entity –"Entity")	
Vendor Certificate program on Verify program to understand and a program for as lot to continue to utito continue to do	o ensure compliance with gree that the Entity is required as the Entity continues lize the services of the E-V	said Entity and am duly authorized to execute this y; that said Entity registered to utilize the E-Verify, 2008 and that the Entity utilizes the services of the E-federal and state law. On behalf of the Entity, I ired to continue to utilize the services of the E-Verify to do business with the State of Rhode Island and failure Verify program will adversely affect the Entity's ability Rhode Island and will affect the Entity's ability to do	
	Date	:	
(Signature)			
(Print name)			
NOTARY PUBLIC			
STATE OF			
COUNTY OF			
		•	
(Signature)			
(Printed name) _	N	ly commission expires on:In	
	in said	County on the day of	
	, 2008, before me per	sonally appeared to make any and known by mate hathe party	
	ove Vendor Certification of	, to me known and known by me to be the party n behalf of the Entity, and he/she acknowledged said or free act and deed of said Entity	
*			

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SUBCONTRACTOR CERTIFICATION - OPTION I - INDIVIDUAL (To be used by an individual doing - or intending to do - business with the State of Rhode Island)

THIS SECTION TO BE COMPLETED BY THE BIDDER/VENDOR
Vendor Name and ID: «VENDOR_NAME» Purchase Order # RFP # Bid #
THE CECTION TO BE COMPLETED BY THE CURCONER (CEOR
THIS SECTION TO BE COMPLETED BY THE SUBCONTRACTOR Subcontractor Name Address City, State Zip I elephone Number
I. of
I,
(Print name) NOTARY PUBLIC STATE OF
COUNTY OF
In in said County on the day of, 2008, before me personally appeared, to me known and known by me to be the party executing the above Subcontractor Certification, and he/she acknowledged said document, by him/her executed to be his/her free act and deed.
(Signature)
(Printed name)My commission expires on:

Complete and Return To: State of Rhode Island, Division of Purchases, PO Box 41544, Providence, Rhode Island 02940

SUBCONTRACTOR CERTIFICATION – OPTION 2 - ENTITY

(To be used by an entity (partnership, corporation, limited liability partnership, etc.) doing – or intending to do business with the State of Rhode Island)

THIS SECTION TO B	E COMPLETED BY THE BUDDER VENDOR
Vendor Name and ID: «VENDOR_NAME»	
Purchase Order #	,
RFP#	
Bid #	
THIS SECTION TO BE	E COMPLETED BY THE SUBCONTRACTOR
Subcontractor Name	
Address	
City, State Zip	
City, State Zip Telephone Number	<u>.</u>
•	-
I, , the	of
(Full name) (Title)	ofof(Name of entity –"Entity")
	e of said Entity and am duly authorized to execute this
	ntity; that said Entity registered to utilize the E-Verify
Vendor Certification of benan of the En	2000 and that the Entity registered to diffize the residence of the E
program on	, 2008 and that the Entity utilizes the services of the E- rith federal and state requirements. On behalf of the Entity, I
Verify program to ensure compliance w	ith federal and state requirements. On behalf of the Entity, I
	equired to continue to utilize the services of the E-Verify
	ues to do business with the State of Rhode Island and failure
to continue to utilize the services of the	E-Verify program will adversely affect the Entity's ability
	e of Rhode Island and will affect the Entity's ability to do
business with the State in the future	7 Of Idiodo ioidid did will diffee ale Eliaty to delivy to de
ousiness with the state in the ratio.	
г	N-4
[[[]	Jate:
(Signature)	
<u></u>	
(Print name)	
	OTARY PUBLIC
STATE OF	
COUNTY OF	
In	in said County on the day of
2009 hafara ma	in said County on the day of epersonally appeared
, 2008, before me	
	to me known and known by me to be the party
	on on behalf of the Entity, and he/she acknowledged said
document, by him/her executed to be his	s/her free act and deed of said Entity.
. •	-
(Signature)	_
(Signature)	
(Printed name)	My commission expires on:
(1 Illited Hallie)	ivry commission expires on.

Complete and Return To: State of Rhode Island, Division of Purchases, P.O. Box 41544, Providence, Rhode Island 02940

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